2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N03000009656 1. Entity Name

SIGNATURE:



FILED Mar 08, 2007 8:00 am Secretary of State 03-08-2007 90015 034 ****61.25

STREET ADDRESS TEN PORTOFINO DRIVE PENSACOLA BEACH, FL 32561 TITLE D LEVIN, TERI TEN PORTOFINO DRIVE STREET ADDRESS TEN PORTOFINO DRIVE NAME STREET ADDRESS TEN PORTOFINO DRIVE STREET ADDRESS CITY-ST-ZIP PENSACOLA BEACH, FL 32561 TITLE Delete TITLE DELET ADDRESS TREET ADDRESS CITY-ST-ZIP Delete TITLE DELET DE		INO TOWER FOUR HOME ATION AT PENSACOLA BE							
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Zp Country Zip Country . 2 Country . 2 Country . 2 Country Certificate of Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.			02072007 Chg-NP	CR2E037 (12/06)		
6. Name and Address of Current Registered Agent 7. Name and Address of Norregistered Agent 8. The above named entity submits this statement for the purpose of chenging its registered office or registered agent, or both, in the State of Florida. I am termiller with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiller with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiller with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiller with, and accept the obligations of registered agent, or both, in the State of Florida. I am termiller with, and accept the obligation of registered agent, or both, in the State of Florida. I am termiller with, and accept the obligation of registered agent, or both, in the State of Florida. I am termiller with, and accept the obligation of registered agent, or both, in the State of Florida. I am termiller with, and accept the obligation of registered agent, or both, in the State of Florida. I am termiller with, and accept the obligation of Florida Plant Name agent agent, or both, in the State of Florida. I am termiller with, and accept the Plant Name agent agent agent. 8. The above named entity submits with a section of the registered agent, or both, in the State of Florida Plant Name agent N	City & Stat	8	City & State					`	
CAMPBELL, JAMES S 501 COMMENDENCIA ST. 501 COMMENDE	Zip	Country	Zip	Zip Country		5. Certificate of Status Desired			
SUGNATURE 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fords. I am familier with, and accept the obligations of registering agent, or both, in the State of Fords. I am familier with, and accept the obligations of registering agent, or both, in the State of Fords. I am familier with, and accept the obligations of registering agent, or both, in the State of Fords. I am familier with, and accept the obligations of registering agent, or both, in the State of Fords. I am familier with, and accept the obligations of registering agent, or both, in the State of Fords. I am familier with, and accept the obligations of registering agent, or both, in the State of Fords. I am familier with, and accept the obligation of registering agent, or both, in the State of Fords. I am familier with, and accept the obligation of registering agent, or both, in the State of Fords. I am familier with, and accept the obligation of registering agent, or both, in the State of Fords. I am familier with, and accept the obligation of registering agent, or both, in the State of Fords. I am familier with, and accept the obligation of registering agent, or both, in the State of Fords. I am familier with, and accept the obligation of registering agent, or both, in the State of Fords. I am familier with, and accept the obligation of registering agent, or both, in the State of Fords. I am familier with, and accept the obligation of Registering agent, or both, in the State of Fords. I am familier with, and accept the obligation of Registering agent, or both, in the State of Fords and accept the obligation of Registering agent, or both, in the State of Fords and accept the obligation of Registering agent, or both, in the Accept the Control of Registering agent, or both, in the State of Registering agent, or both, in the Accept the Accept the Control of Registering agent, or both, in the Accept the Accept the Accept the Accept the Accept the Accept the		6. Name and Address of Current	Registered Agent				w Registered Agent		
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent agent. SIGNATURE SIGNATURE					City FORT WALTON BENCH FL Zip Code 32548				
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NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR